

Attorney Docket No.: CSCO-7199

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450, on the below date of deposit

Date of Name of Person Signature of the Person Savanah Woodd 11/01/06 Deposit: Making the Deposit: Making the Deposit:

In re Application of: Massimo CIVILINI

Serial No.: 10/603,382

Examiner:

SUGLO, Janet L

Filed: June 24, 2003

Art Unit:

2857

Confirmation No.:

2846

AN ELECTRONIC COMPONENT RELIABILITY DETERMINATION SYSTEM For:

AND METHOD

Mail Stop Amendment **Commissioner for Patents** P.O.Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1.	Transmitted	herewith is a	Amendment	for this	application
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X	Transmitted herewith is a r	esponse f	to an office action for the above identified patent application.
	(12 Sheets)		
**********	Transmitted herewith are	***************************************	sheets of formal drawings
	Transmitted herewith is		
	Other		

2. Applicant is other than a small entity

Extension of Term

- 3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
- [X] (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension Fee I lone month \$ 120.00 [] two months \$ 450.00 11/08/2006 CNGUYEN2 00000002 10603382 [X] three months \$ 1,020.00 1020.00 lifour months \$1,590.00 01 FC:1253

Fee \$1,020.00

If an additional extension of time is required, please consider this a petition therefor.

Applicant believes that no extension of term is required. However, this conditional petition is (b) being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)								
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total			
Total Claims	30	-30 =	0	X \$50.00	\$0.00			
Independent Claims	4	-4 =	0	X \$200.00	\$0.00			
Multiple Dependent Claim Fee (one or more, first added by this amendment) \$260.00								
Total Fees								

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- [X] Check No. <u>5085</u> in the amount of \$<u>1,020.00</u>
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

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Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Customer Number: 000045593

Respectfully submitted,

Date: November 1, 2006

Reg. No. 48,098